

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 PAGE # 1 of 40
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Maher M.		OFFICE USE ONLY Date Received <b>RECEIVED</b> <b>APR 14 2011</b> <b>City Secretary's Office</b> <i>11:08am tf</i> Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME LAST SUFFIX Maso		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 10902 Ormond Lane Frisco, TX 75035 Phone: 972-335-3113,		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Delmer		
	NICKNAME LAST SUFFIX Del Harris		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2745 Montreaux Dr. Frisco, TX 75034		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 335-5454		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 01/01/2011    04/04/2011		
10 ELECTION	ELECTION DATE Month Day Year 05/14/2011	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Mayor - City of Frisco		12 OFFICE SOUGHT (if known) Mayor - City of Frisco
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..		
	Name		
	Address/PO Box; Apt. / Suite #; City; State; Zip Code		
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM **C/OH**  
COVER SHEET PG 2

14 C/OH NAME Maso, Maher

M. (Mr.)

15 ACCOUNT # (Ethics Commission filers)

## 16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

## 17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

434.99

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

43,359.99

## EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

117.56

4. TOTAL POLITICAL EXPENDITURES

\$

61,918.90

## CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

13,503.03

## OUTSTANDING LOAN TOTALS

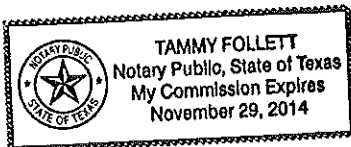
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0.00

## 18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*Maher Maso*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Maher Maso, this the 14th day of April, 2011, to certify which, witness my hand and seal of office.

*Tammy Follett*

Signature of officer administering oath

*Tammy Follett*

Print name of officer administering oath

*Notary*

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/15 Report: 3/40	
2 FILER NAME Maso, Maher M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date  03/26/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Aerrabolu, Devender  6 Contributor address; City; State; Zip Code 4670 Liam Dr. Frisco, TX 75034	7 Amount of contribution (\$)  \$500.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  03/21/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Allison, Jay  Contributor address; City; State; Zip Code 5300 Town & Country Blvd Suite 500 Frisco, TX 75034	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/19/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andrea, Rudolph  Contributor address; City; State; Zip Code 5508 Linmore Lane Plano, TX 75093	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Artiles, Jose & Mary Ann Campbell  Contributor address; City; State; Zip Code 10905 Amelina Ln Frisco, TX 75035	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA	
Date  01/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Biehl, Allen & Beverly  Contributor address; City; State; Zip Code 12000 Paducah Dr Frisco, TX 75035	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/15 Report: 4/40	
2 FILER NAME Maso, Maher M. (Mr.)		3 ACCOUNT # (Ethics Commission filers) ---	
4 Date  03/30/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Boyd, Paul (Mr.) ..... 6 Contributor address; City; State; Zip Code 7881 Thistletree Lane Frisco, TX 75034	7 Amount of contribution (\$)  \$1,000.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  01/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brooks, Thomas ..... Contributor address; City; State; Zip Code 5404 Southern Hills Dr. Frisco, TX 75034	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/31/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burns, Greg (Mr.) ..... Contributor address; City; State; Zip Code 15358 Forest Haven Lane Frisco, TX 75034	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/02/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Caldwell, Jeff & Earlene ..... Contributor address; City; State; Zip Code 5006 Plantation Lane Frisco, TX 75034	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/27/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chambers, Robert & Lorene ..... Contributor address; City; State; Zip Code 6009 Star Trail Dr. Frisco, TX 75034	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/15 Report: 5/40	
2 FILER NAME Maso, Maher M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date  02/18/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cimler, Edward & Melina  6 Contributor address; City; State; Zip Code 969 Market St. #1803 San Diego, CA 92101	7 Amount of contribution (\$)  \$500.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  01/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cordina, Joseph & Patricia  Contributor address; City; State; Zip Code 4302 Boulder Dr. Parker, TX 75002	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cross, Rosa (Mrs.)  Contributor address; City; State; Zip Code 13990 Red Oak Cir N Frisco, TX 75071	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/25/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Darling, William & Priscilla  Contributor address; City; State; Zip Code 2500 Legacy Dr. #100 Frisco, TX 75034	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/31/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dean, D. Bradley & Shan (Dr.)  Contributor address; City; State; Zip Code 35 Stonebriar Way Frisco, TX 75034	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/15 Report: 6/40	
2 FILER NAME Maso, Maher M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date  03/20/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Farmer, Malcolm  6 Contributor address; City; State; Zip Code 2601 Ave. Of the Stars Frisco, TX 75034	7 Amount of contribution (\$)  \$500.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  03/28/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fisher, Lisa  Contributor address; City; State; Zip Code 12009 Wildwood Lane Frisco, TX 75035	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Foughty, Ryan & Julie  Contributor address; City; State; Zip Code 4621 Firestone Dr. Frisco, TX 75034	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frazier, Mary (Ms.)  Contributor address; City; State; Zip Code 5599 Foard Dr. Frisco, TX 75034	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/25/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gillespie, Dane  Contributor address; City; State; Zip Code 6236 Chamberlyne Dr Frisco, TX 75034	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/15 Report: 7/40	
2 FILER NAME Maso, Maher M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date  03/23/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Graff, Stanley (Mr.) ..... 6 Contributor address; City; State; Zip Code 8901 Governors Row Dallas, TX 75247	7 Amount of contribution (\$)  \$3,000.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  01/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Grimmer, Robert (Mr.) ..... Contributor address; City; State; Zip Code 4664 Biltmore Dr. Frisco, TX 75034	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/20/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Harris, Del & Ann ..... Contributor address; City; State; Zip Code 2745 Montreaux Dr Frisco, TX 75034	Amount of contribution (\$)  \$400.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Dallas Mavericks	
Date  03/04/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Howe, Clayton & Heather ..... Contributor address; City; State; Zip Code 1983 Chisholm Trl Frisco, TX 75034	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hunt, Phillip & Erica ..... Contributor address; City; State; Zip Code 4 Champions Court Frisco, TX 75034	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/15 Report: 8/40	
2 FILER NAME Maso, Maher M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date  03/13/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hunt, Phillip & Erica ..... 6 Contributor address; City; State; Zip Code 4 Champions Court Frisco, TX 75034	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  01/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Israel, Cary & Trudy ..... Contributor address; City; State; Zip Code 607 Eagle Nest Ln. Allen, TX 75013	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/03/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jenkins, Toni (Dr.) ..... Contributor address; City; State; Zip Code 3321 Melaine Ln. Plano, TX 75023-1103	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/23/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Charles III (Mr.) ..... Contributor address; City; State; Zip Code 3157 Barkwood Lane Frisco, TX 75035	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/01/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kancharla, Vijay ..... Contributor address; City; State; Zip Code 11395 Jasper Dr Frisco, TX 75035	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/15 Report: 9/40	
2 FILER NAME Maso, Maher M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date  01/29/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) King, Robert & Betty Jo ..... 6 Contributor address; City; State; Zip Code 8370 Fair Oaks Frisco, TX 75034	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  01/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Korn, Howard & Joyce ..... Contributor address; City; State; Zip Code 6669 Lincoln Hills Ct Frisco, TX 75034	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lewis, Tom ..... Contributor address; City; State; Zip Code 4560 Druid Hills Frisco, TX 75034	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lusk, Fred & Barbara ..... Contributor address; City; State; Zip Code 9912 Mallory Dr. Frisco, TX 75035	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/03/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Marchenko, Yevgeny & Karie ..... Contributor address; City; State; Zip Code 13431 Lyndhurst Dr. Frisco, TX 75035	Amount of contribution (\$)  \$2,500.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/15 Report: 10/40	
2 FILER NAME Maso, Maher M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date  03/02/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) maso, Alice (Ms.)  6 Contributor address; City; State; Zip Code 5409 Lantz Cr. Plano, TX 75025	7 Amount of contribution (\$)  \$1,000.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  03/01/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) maso, Jane (Ms.)  Contributor address; City; State; Zip Code 3409 Lantz Cr. Plano, TX 75025	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) maso, Shelli & Riad  Contributor address; City; State; Zip Code 6521 Myrtle Beach Dr. Plano, TX 75093	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) may, Marc & Karen  Contributor address; City; State; Zip Code 4935 Buena Vista Dr. Frisco, TX 75034	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McGrade, Denise (Ms.)  Contributor address; City; State; Zip Code 8881 Crestview Dr. Frisco, TX 75034	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/15 Report: 11/40	
2 FILER NAME Maso, Maher M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date  01/29/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) medigovich, Robert & Natalie  6 Contributor address; City; State; Zip Code 8659 Woodstream Dr. Frisco, TX 75034	7 Amount of contribution (\$)  \$500.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  01/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) myrben, Leroy & Billie  Contributor address; City; State; Zip Code 11451 La Grange Dr Frisco, TX 75035	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nelson, Debra (Dr.)  Contributor address; City; State; Zip Code 8514 Emerald Glen Lane Frisco, TX 75034	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/15/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nelson, Donnie Jr. (Mr.)  Contributor address; City; State; Zip Code 5209 Southern Hills Dr. Frisco, TX 75034	Amount of contribution (\$)  \$650.00	In-kind contribution description (if applicable) Paid for sponsorship to Texas Legends games for table location.
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/20/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nelson, Donnie Jr. (Mr.)  Contributor address; City; State; Zip Code 5209 Southern Hills Dr. Frisco, TX 75034	Amount of contribution (\$)  \$10,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/15 Report: 12/40	
2 FILER NAME Maso, Maher M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date  02/07/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) O'Malley, John (Mr.)  6 Contributor address; City; State; Zip Code 15 Riva Ridge Frisco, TX 75034	7 Amount of contribution (\$)  \$1,000.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  01/11/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paz, Stephen (Mr.)  Contributor address; City; State; Zip Code 1901 Hollow Falls Ct. Frisco, TX 75035	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/28/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perham, Sarah  Contributor address; City; State; Zip Code 1656 Dowelling ct. frisco, TX 75034	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/28/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Perrin, Vicki  Contributor address; City; State; Zip Code 5312 promise Land Frisco, TX 75035	Amount of contribution (\$)  \$55.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/01/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Porter, David (Mr.)  Contributor address; City; State; Zip Code 5653 Widgeon Way Frisco, TX 75034	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/15 Report: 13/40	
2 FILER NAME Maso, Maher M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date  01/24/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rafferty, Robert & Beth  6 Contributor address; City; State; Zip Code 8440 Stone River Dr. Frisco, TX 75035	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  01/25/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roach, Sam (Mr.)  Contributor address; City; State; Zip Code P.O. 459 Frisco, TX 75034	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/03/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roach, Sam (Mr.)  Contributor address; City; State; Zip Code P.O. 459 Frisco, TX 75034	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rogers, J.H.  Contributor address; City; State; Zip Code P.o. Box 333 Frisco, TX 75034	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/28/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ryan, Dan & Donna  Contributor address; City; State; Zip Code 11706 Alexandria Dr. Frisco, TX 75035	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/15 Report: 14/40	
2 FILER NAME Maso, Maher M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date  03/22/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ryan, Dan & Donna  6 Contributor address; City; State; Zip Code 11706 Alexandria Dr. Frisco, TX 75035	7 Amount of contribution (\$)  \$200.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  01/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sauer, Loren & Kristi  Contributor address; City; State; Zip Code 22 Fireberry Ct Frisco, TX 75034	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scott, Roger & Mary  Contributor address; City; State; Zip Code 11112 Promise Land Dr Frisco, TX 75035	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shipman, Keith & Tracie Shipman  Contributor address; City; State; Zip Code 10141 Calvery Ct. Frisco, TX 75035	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Silguero, Lynn (Ms.)  Contributor address; City; State; Zip Code 3201 hampshire frisco, TX 75034	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/15 Report: 15/40	
2 FILER NAME Maso, Maher M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date  02/05/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sizman, Barry ..... 6 Contributor address; City; State; Zip Code 1095 Burnswick Isles Way Frisco, TX 75034	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  03/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sowell, Will & Bobbie ..... Contributor address; City; State; Zip Code 6101 Wilmington Dr. Frisco, TX 75035	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stevenson, Richard & Roxann ..... Contributor address; City; State; Zip Code 8050 Rock Brook St Frisco, TX 75034	Amount of contribution (\$)  \$20.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stewart, Michele & Dewayne ..... Contributor address; City; State; Zip Code 5205 Promise Land Dr. Frisco, TX 75035	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/04/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) The Rudman Partnership ..... Contributor address; City; State; Zip Code 1700 Pacific Avenue Suite 4700 Dallas, TX 75201	Amount of contribution (\$)  \$2,500.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/15 Report: 16/40	
2 FILER NAME Maso, Maher M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date  03/14/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Trykoski, Jeff (Mr.)  6 Contributor address; City; State; Zip Code 4015 Bryson Dr. Frisco, TX 75035	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  01/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Viverito, William  Contributor address; City; State; Zip Code 4312 Sandalwood Ln. Frisco, TX 75035-8493	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/09/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Waters, Lawrence & Lisa  Contributor address; City; State; Zip Code 11012 Hermitage Lane Frisco, TX 75034	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/16/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wechsler, Robert  Contributor address; City; State; Zip Code 6479 Bluffview Dr. Frisco, TX 75034	Amount of contribution (\$)  \$5,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Whitledge, Hugh & Jane  Contributor address; City; State; Zip Code 8573 Scott Circle Frisco, TX 75034	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	



**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/15 Report: 17/40	
2 FILER NAME Maso, Maher M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date  03/26/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wortham, Shana ..... 6 Contributor address; City; State; Zip Code 8310 Silverton Frisco, TX 75034	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 1/21 Report: 18/40		<b>2 FILER NAME</b> Maso, Maher M. (Mr.)		<b>3 ACCOUNT #</b> (TEC filers)
<b>4 Date</b> 03/14/2011	<b>5 Payee name</b> Allyn & Company			
<b>6 Amount (\$)</b> \$3,000.00	<b>7 Payee address</b> City; State; Zip Code 3232 McKinney Avenue #660 Dallas, TX 75204			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Consulting Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Consulting Fee	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 03/23/2011	<b>Payee name</b> Allyn & Company			
<b>Amount (\$)</b> \$3,079.43	<b>Payee address</b> City; State; Zip Code 3232 McKinney Avenue #660 Dallas, TX 75204			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> handouts & cards, printing and design expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 03/25/2011	<b>Payee name</b> Allyn & Company			
<b>Amount (\$)</b> \$3,079.43	<b>Payee address</b> City; State; Zip Code 3232 McKinney Avenue #660 Dallas, TX 75204			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Design and Printing of Brochures	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 03/25/2011	<b>Payee name</b> Allyn & Company			
<b>Amount (\$)</b> \$725.00	<b>Payee address</b> City; State; Zip Code 3232 McKinney Avenue #660 Dallas, TX 75204			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Consulting Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Database & consulting expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 2/21 Report: 19/40		<b>2 FILER NAME</b> Maso, Maher M. (Mr.)		<b>3 ACCOUNT #</b> (TEC filers)
<b>4 Date</b> 04/04/2011	<b>5 Payee name</b> Allyn & Company			
<b>6 Amount (\$)</b> \$541.25	<b>7 Payee address</b> City; State; Zip Code 3232 McKinney Avenue #660 Dallas, TX 75204			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Resident letter, printing & mailing costs.	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 03/28/2011	<b>Payee name</b> Allyn Media			
<b>Amount (\$)</b> \$11,085.70	<b>Payee address</b> City; State; Zip Code 3232 McKinney Avenue Suite 660 Dallas, TX 75204			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> design, printing, mailing of mailers/brochures.	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 04/04/2011	<b>Payee name</b> Allyn Media			
<b>Amount (\$)</b> \$1,000.00	<b>Payee address</b> City; State; Zip Code 3232 McKinney Avenue Suite 660 Dallas, TX 75204			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Copy/Design of Mailers	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 03/26/2011	<b>Payee name</b> Bounce for Fun			
<b>Amount (\$)</b> \$245.98	<b>Payee address</b> City; State; Zip Code 8112 Burleigh St. Frisco, TX 75035			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Event Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Bounce house for sign making party	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 3/21 Report: 20/40		<b>2 FILER NAME</b> Maso, Maher M. (Mr.)		<b>3 ACCOUNT #</b> (TEC filers) -----
<b>4 Date</b> 03/26/2011	<b>5 Payee name</b> Cici's Pizza			
<b>6 Amount (\$)</b> \$129.68	<b>7 Payee address</b> City; State; Zip Code 5580 Preston Rd. Frisco, TX 75034			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Pizza for volunteers at sign making event.	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 03/29/2011	<b>Payee name</b> Collin County Republican Party			
<b>Amount (\$)</b> \$290.00	<b>Payee address</b> City; State; Zip Code 8416 Stacy Rd suite 100 McKinney, TX 75070			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Sponsorship & attendance	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 01/29/2011	<b>Payee name</b> Dean Lewis Entertainment			
<b>Amount (\$)</b> \$2,000.00	<b>Payee address</b> City; State; Zip Code 8916 Aplamado Drive McKinney, TX 75070			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Event Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Entertainment for campaign kick-off	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 01/29/2011	<b>Payee name</b> Dr Pepper Arena			
<b>Amount (\$)</b> \$4,622.19	<b>Payee address</b> City; State; Zip Code 2601 Avenue of the Stars frisco, TX 75034			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food, soft drinks for kick-off event	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 4/21 Report: 21/40		<b>2 FILER NAME</b> Maso, Maher M. (Mr.)		<b>3 ACCOUNT # (TEC filers)</b>
<b>4 Date</b> 01/29/2011	<b>5 Payee name</b> Dr Pepper Arena			
<b>6 Amount (\$)</b> \$2,500.00	<b>7 Payee address</b> City; State; Zip Code 2601 Avenue of the Stars frisco, TX 75034			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Event Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Dr Pepper Arena Rental for kick-off event	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 01/23/2011	<b>Payee name</b> Facebook, Inc.			
<b>Amount (\$)</b> \$50.00	<b>Payee address</b> City; State; Zip Code 1601 S. California Ave Palo Alto, CA 94304-1111			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Facebook Advertising	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 01/24/2011	<b>Payee name</b> Facebook, Inc.			
<b>Amount (\$)</b> \$50.00	<b>Payee address</b> City; State; Zip Code 1601 S. California Ave Palo Alto, CA 94304-1111			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Facebook Advertising	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 01/25/2011	<b>Payee name</b> Facebook, Inc.			
<b>Amount (\$)</b> \$50.00	<b>Payee address</b> City; State; Zip Code 1601 S. California Ave Palo Alto, CA 94304-1111			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Facebook Advertising	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 5/21 Report: 22/40		<b>2 FILER NAME</b> Maso, Maher M. (Mr.)		<b>3 ACCOUNT #</b> (TEC filers)
<b>4 Date</b> 01/26/2011	<b>5 Payee name</b> Facebook, Inc.			
<b>6 Amount (\$)</b> \$50.00	<b>7 Payee address</b> City; State; Zip Code 1601 S. California Ave Palo Alto, CA 94304-1111			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Facebook Advertising	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 01/27/2011	<b>Payee name</b> Facebook, Inc.			
<b>Amount (\$)</b> \$49.83	<b>Payee address</b> City; State; Zip Code 1601 S. California Ave Palo Alto, CA 94304-1111			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Facebook Advertising	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 01/27/2011	<b>Payee name</b> Facebook, Inc.			
<b>Amount (\$)</b> \$26.80	<b>Payee address</b> City; State; Zip Code 1601 S. California Ave Palo Alto, CA 94304-1111			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Facebook Advertising	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 01/28/2011	<b>Payee name</b> Facebook, Inc.			
<b>Amount (\$)</b> \$26.80	<b>Payee address</b> City; State; Zip Code 1601 S. California Ave Palo Alto, CA 94304-1111			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Social Media Advertising	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 6/21 Report: 23/40		<b>2 FILER NAME</b> Maso, Maher M. (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> -----
<b>4 Date</b> 04/01/2011	<b>5 Payee name</b> Facebook, Inc.			
<b>6 Amount (\$)</b> \$25.00	<b>7 Payee address</b> City; State; Zip Code 1601 S. California Ave Palo Alto, CA 94304-1111			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online social media advertising	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 04/02/2011	<b>Payee name</b> Facebook, Inc.			
<b>Amount (\$)</b> \$25.00	<b>Payee address</b> City; State; Zip Code 1601 S. California Ave Palo Alto, CA 94304-1111			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Social Media Advertising	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 04/03/2011	<b>Payee name</b> Facebook, Inc.			
<b>Amount (\$)</b> \$25.00	<b>Payee address</b> City; State; Zip Code 1601 S. California Ave Palo Alto, CA 94304-1111			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Social Media Advertising	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 04/04/2011	<b>Payee name</b> Facebook, Inc.			
<b>Amount (\$)</b> \$25.00	<b>Payee address</b> City; State; Zip Code 1601 S. California Ave Palo Alto, CA 94304-1111			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Social Media Advertising	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 7/21 Report: 24/40		<b>2 FILER NAME</b> Maso, Maher M. (Mr.)		<b>3 ACCOUNT #</b> (TEC filers)
<b>4 Date</b> 03/21/2011	<b>5 Payee name</b> First Graphic Services			
<b>6 Amount (\$)</b> \$6,332.52	<b>7 Payee address</b> City; State; Zip Code 229 Garvon ST. Garland, TX 75040			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> large signs, car wrap, window decals and yard signs	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 03/03/2011	<b>Payee name</b> Frisco Dog Park			
<b>Amount (\$)</b> \$500.00	<b>Payee address</b> City; State; Zip Code 1656 Dowelling Ct. Frisco, TX 75034			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event Sponsorship for table/advertising	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 03/03/2011	<b>Payee name</b> Heritage Association of Frisco			
<b>Amount (\$)</b> \$100.00	<b>Payee address</b> City; State; Zip Code po box 263 Frisco, TX 75034			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Sponsorship - advertising	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 03/22/2011	<b>Payee name</b> Home Depot			
<b>Amount (\$)</b> \$53.43	<b>Payee address</b> City; State; Zip Code 1224 North Central Expressway Plano, TX 75074			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> hardware, zip ties and other hardware for signs.	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:



**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 8/21 Report: 25/40		<b>2 FILER NAME</b> Maso, Maher M. (Mr.)		<b>3 ACCOUNT #</b> (TEC filers)
<b>4 Date</b> 03/25/2011	<b>5 Payee name</b> Lighthouse Research			
<b>6 Amount (\$)</b> \$8,000.00	<b>7 Payee address</b> City; State; Zip Code 4055 International Plaza Suite 600 Fort Worth, TX 76109			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Polling Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Phone survey	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 03/19/2011	<b>Payee name</b> Lochrann's			
<b>Amount (\$)</b> \$29.30	<b>Payee address</b> City; State; Zip Code 6195 W. Main St Frisco, TX 75034			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer event meeting	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 03/21/2011	<b>Payee name</b> Lochrann's			
<b>Amount (\$)</b> \$60.56	<b>Payee address</b> City; State; Zip Code 6195 W. Main St Frisco, TX 75034			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Snacks/sodas for volunteer team meeting.	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 01/21/2011	<b>Payee name</b> Mail Mart Inc.			
<b>Amount (\$)</b> \$1,252.80	<b>Payee address</b> City; State; Zip Code p.o. box 224849 Dallas, TX 75222-4849			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mailshop services and postage	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 9/21 Report: 26/40		<b>2 FILER NAME</b> Maso, Maher M. (Mr.)		<b>3 ACCOUNT # (TEC filers)</b>
<b>4 Date</b> 02/02/2011	<b>5 Payee name</b> Maso, Maher (Mr.)			
<b>6 Amount (\$)</b> \$3,500.00	<b>7 Payee address</b> City; State; Zip Code 10902 Ormond Lane Frisco, TX 75035			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Re-imbusement of personal campaign expenses	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 02/28/2011	<b>Payee name</b> Mattito's Cocina			
<b>Amount (\$)</b> \$89.25	<b>Payee address</b> City; State; Zip Code 6129 Main St. Frisco, TX 75034			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Team Volunteer Meeting food expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 02/02/2011	<b>Payee name</b> Network Cybernetics Corp.			
<b>Amount (\$)</b> \$500.00	<b>Payee address</b> City; State; Zip Code 3720 Canton St. #202 Dallas, TX 75226			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Web Site Development	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 03/21/2011	<b>Payee name</b> Office Depot			
<b>Amount (\$)</b> \$68.17	<b>Payee address</b> City; State; Zip Code 2930 Preston Rd. Suite #700 Frisco, TX 75034			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Cards, letterhead and envelopes.	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 10/21 Report: 27/40		<b>2 FILER NAME</b> Maso, Maher M. (Mr.)		<b>3 ACCOUNT #</b> (TEC filers)
<b>4 Date</b> 01/18/2011	<b>5 Payee name</b> Overall productions			
<b>6 Amount (\$)</b> \$292.56	<b>7 Payee address</b> City; State; Zip Code p.o. box 1050 7775 Maple St. Frisco, TX 75034			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Printing Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing/design Invitation Cards for kick-off event	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 03/25/2011	<b>Payee name</b> Overall productions			
<b>Amount (\$)</b> \$160.92	<b>Payee address</b> City; State; Zip Code p.o. box 1050 7775 Maple St. Frisco, TX 75034			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Design & Printing of Business Cards & postcards	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 01/08/2011	<b>Payee name</b> Pascarelli, Fred (Mr.)			
<b>Amount (\$)</b> \$200.00	<b>Payee address</b> City; State; Zip Code 9920 Dixon Ct. Frisco, TX 75034			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Technology/Database administration	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 01/03/2011	<b>Payee name</b> Paypal			
<b>Amount (\$)</b> \$72.80	<b>Payee address</b> City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Payment Credit Card Fees	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 11/21 Report: 28/40		<b>2 FILER NAME</b> Maso, Maher M. (Mr.)		<b>3 ACCOUNT # (TEC filers)</b>
<b>4 Date</b> 01/11/2011	<b>5 Payee name</b> Paypal			
<b>6 Amount (\$)</b> \$7.55	<b>7 Payee address</b> City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Fees		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Payment Credit Card Fees	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 01/23/2011	<b>Payee name</b> Paypal			
<b>Amount (\$)</b> \$7.55	<b>Payee address</b> City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Payment Credit Card Fees	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 01/23/2011	<b>Payee name</b> Paypal			
<b>Amount (\$)</b> \$7.55	<b>Payee address</b> City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Payment Credit Card Fees	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 01/28/2011	<b>Payee name</b> Paypal			
<b>Amount (\$)</b> \$1.90	<b>Payee address</b> City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Payment Credit Card Fees	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 12/21 Report: 29/40		<b>2 FILER NAME</b> Maso, Maher M. (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> *****			
<b>4 Date</b> 01/28/2011	<b>5 Payee name</b> Paypal						
<b>6 Amount (\$)</b> \$3.20	<b>7 Payee address</b> City; State; Zip Code P.O. Box 45950 Omaha, NE 68145						
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Fees		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Payment Credit Card Fees				
	<table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Complete <b>ONLY</b> if direct expenditure to benefit C/OH</td> <td style="width:33%; border: none;">Candidate / Officeholder name</td> <td style="width:33%; border: none;">Office sought:</td> <td style="width:33%; border: none;">Office held:</td> </tr> </table>				Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:				
<b>Date</b> 01/28/2011	<b>Payee name</b> Paypal						
<b>Amount (\$)</b> \$3.20	<b>Payee address</b> City; State; Zip Code P.O. Box 45950 Omaha, NE 68145						
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Fees		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Payment Credit Card Fees				
	<table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Complete <b>ONLY</b> if direct expenditure to benefit C/OH</td> <td style="width:33%; border: none;">Candidate / Officeholder name</td> <td style="width:33%; border: none;">Office sought:</td> <td style="width:33%; border: none;">Office held:</td> </tr> </table>				Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:				
<b>Date</b> 01/28/2011	<b>Payee name</b> Paypal						
<b>Amount (\$)</b> \$1.61	<b>Payee address</b> City; State; Zip Code P.O. Box 45950 Omaha, NE 68145						
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Fees		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Payment Credit Card Fees				
	<table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Complete <b>ONLY</b> if direct expenditure to benefit C/OH</td> <td style="width:33%; border: none;">Candidate / Officeholder name</td> <td style="width:33%; border: none;">Office sought:</td> <td style="width:33%; border: none;">Office held:</td> </tr> </table>				Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:				
<b>Date</b> 01/29/2011	<b>Payee name</b> Paypal						
<b>Amount (\$)</b> \$4.65	<b>Payee address</b> City; State; Zip Code P.O. Box 45950 Omaha, NE 68145						
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Fees		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Payment Credit Card Fees				
	<table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Complete <b>ONLY</b> if direct expenditure to benefit C/OH</td> <td style="width:33%; border: none;">Candidate / Officeholder name</td> <td style="width:33%; border: none;">Office sought:</td> <td style="width:33%; border: none;">Office held:</td> </tr> </table>				Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:				

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
FeesGifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing ExpenseSalaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental ExpenseLoan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 13/21 Report: 30/40		<b>2 FILER NAME</b> Maso, Maher M. (Mr.)		<b>3 ACCOUNT #</b> (TEC filers)
<b>4 Date</b> 01/29/2011	<b>5 Payee name</b> Paypal			
<b>6 Amount (\$)</b> \$14.80	<b>7 Payee address</b> City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Fees		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Payment Credit Card Fees	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 02/01/2011	<b>Payee name</b> Paypal			
<b>Amount (\$)</b> \$3.20	<b>Payee address</b> City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Payment Credit Card Fees	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 02/05/2011	<b>Payee name</b> Paypal			
<b>Amount (\$)</b> \$3.20	<b>Payee address</b> City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Payment Credit Card Fees	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 02/18/2011	<b>Payee name</b> Paypal			
<b>Amount (\$)</b> \$14.80	<b>Payee address</b> City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Payment Credit Card Fees	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 14/21 Report: 31/40		<b>2 FILER NAME</b> Maso, Maher M. (Mr.)		<b>3 ACCOUNT #</b> (TEC filers)
<b>4 Date</b> 02/28/2011	<b>5 Payee name</b> Paypal			
<b>6 Amount (\$)</b> \$6.10	<b>7 Payee address</b> City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Fees		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Payments Credit Card Fees	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 03/04/2011	<b>Payee name</b> Paypal			
<b>Amount (\$)</b> \$4.65	<b>Payee address</b> City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Payment Credit Card Fees	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 03/13/2011	<b>Payee name</b> Paypal			
<b>Amount (\$)</b> \$3.20	<b>Payee address</b> City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Payment Credit Card Fees	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 03/14/2011	<b>Payee name</b> Paypal			
<b>Amount (\$)</b> \$7.55	<b>Payee address</b> City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Payment Credit Card Fees	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 15/21 Report: 32/40		<b>2 FILER NAME</b> Maso, Maher M. (Mr.)		<b>3 ACCOUNT # (TEC filers)</b>
<b>4 Date</b> 03/16/2011	<b>5 Payee name</b> Paypal			
<b>6 Amount (\$)</b> \$145.30	<b>7 Payee address</b> City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Fees		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Payment Credit Card Fees	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 03/19/2011	<b>Payee name</b> Paypal			
<b>Amount (\$)</b> \$29.30	<b>Payee address</b> City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Fees		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> On-line payment credit card fees	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 03/20/2011	<b>Payee name</b> Paypal			
<b>Amount (\$)</b> \$11.90	<b>Payee address</b> City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Fees		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Payment Credit Card Fees	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 03/21/2011	<b>Payee name</b> Paypal			
<b>Amount (\$)</b> \$14.80	<b>Payee address</b> City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Fees		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Payment Credit Card Fees	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:



**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 16/21 Report: 33/40		<b>2 FILER NAME</b> Maso, Maher M. (Mr.)		<b>3 ACCOUNT #</b> (TEC filers)
<b>4 Date</b> 03/22/2011	<b>5 Payee name</b> Paypal			
<b>6 Amount (\$)</b> \$6.10	<b>7 Payee address</b> City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Fees		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Payment Credit Card Fees	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 03/24/2011	<b>Payee name</b> Paypal			
<b>Amount (\$)</b> \$3.20	<b>Payee address</b> City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> On-line payment credit card fees	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 03/24/2011	<b>Payee name</b> Paypal			
<b>Amount (\$)</b> \$1.03	<b>Payee address</b> City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Payment Credit Card Fees	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 03/24/2011	<b>Payee name</b> Paypal			
<b>Amount (\$)</b> \$6.10	<b>Payee address</b> City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Online Payment Credit Card Fees	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 17/21 Report: 34/40		<b>2 FILER NAME</b> Maso, Maher M. (Mr.)		<b>3 ACCOUNT #</b> (TEC filers)
<b>4 Date</b> 03/25/2011	<b>5 Payee name</b> Paypal			
<b>6 Amount (\$)</b> \$3.20	<b>7 Payee address</b> City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Fees		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> On-line Bank Fees	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 03/26/2011	<b>Payee name</b> Paypal			
<b>Amount (\$)</b> \$3.20	<b>Payee address</b> City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> On-line Bank Fees	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 03/28/2011	<b>Payee name</b> Paypal			
<b>Amount (\$)</b> \$3.20	<b>Payee address</b> City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> On-line Bank Fees	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 03/30/2011	<b>Payee name</b> Paypal			
<b>Amount (\$)</b> \$3.20	<b>Payee address</b> City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit Card On-line processing fee	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 18/21 Report: 35/40		<b>2 FILER NAME</b> Maso, Maher M. (Mr.)		<b>3 ACCOUNT #</b> (TEC filers)
<b>4 Date</b> 03/30/2011	<b>5 Payee name</b> Paypal			
<b>6 Amount (\$)</b> \$29.30	<b>7 Payee address</b> City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Fees		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit Card On-line processing fee	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 03/31/2011	<b>Payee name</b> Paypal			
<b>Amount (\$)</b> \$4.65	<b>Payee address</b> City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit Card On-line processing fee	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 04/01/2011	<b>Payee name</b> Paypal			
<b>Amount (\$)</b> \$1.75	<b>Payee address</b> City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit Card on-line processing fee	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 03/28/2011	<b>Payee name</b> Postmaster			
<b>Amount (\$)</b> \$132.00	<b>Payee address</b> City; State; Zip Code 8700 Stonebrook Pkwy Frisco, TX 75034			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Stamps for thank you cards and letters.	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
FeesGifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing ExpenseSalaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental ExpenseLoan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 19/21 Report: 36/40		<b>2 FILER NAME</b> Maso, Maher M. (Mr.)		<b>3 ACCOUNT #</b> (TEC filers)
<b>4 Date</b> 03/09/2011	<b>5 Payee name</b> RMG Apparel			
<b>6 Amount (\$)</b> \$1,331.48	<b>7 Payee address</b> City; State; Zip Code 110 Rose Lane Suite 210 Frisco, TX 75034			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign T-Shirts	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 03/31/2011	<b>Payee name</b> Rmg Apparel			
<b>Amount (\$)</b> \$893.06	<b>Payee address</b> City; State; Zip Code 110 Rose Lane Suite 210 Frisco, TX 75034			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign T-Shirts	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 03/30/2011	<b>Payee name</b> Star Community Newspapers			
<b>Amount (\$)</b> \$750.00	<b>Payee address</b> City; State; Zip Code 624 Krona Dr. Plano, TX 75074			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Newspaper Campaign Advertisement	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 03/01/2011	<b>Payee name</b> Style Publishig Group LLC			
<b>Amount (\$)</b> \$1,000.00	<b>Payee address</b> City; State; Zip Code P.O. Box 1676 Frisco, TX 75034			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Frisco Style Magazine Advertisement	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel in District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 20/21 Report: 37/40		<b>2 FILER NAME</b> Maso, Maher M. (Mr.)		<b>3 ACCOUNT #</b> (TEC filers)
<b>4 Date</b> 03/03/2011	<b>5 Payee name</b> Style Publishig Group LLC			
<b>6 Amount (\$)</b> \$1,000.00	<b>7 Payee address</b> City; State; Zip Code P.O. Box 1676 Frisco, TX 75034			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Frisco Style Advertisement	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 03/25/2011	<b>Payee name</b> Style Publishig Group LLC			
<b>Amount (\$)</b> \$1,000.00	<b>Payee address</b> City; State; Zip Code P.O. Box 1676 Frisco, TX 75034			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Frisco Style Magazine Advertisment	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 03/30/2011	<b>Payee name</b> TxTough			
<b>Amount (\$)</b> \$100.00	<b>Payee address</b> City; State; Zip Code 4809 Cole Ave, Suite 345 LB-127 Dallas, TX 75205			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Sponsorship/Advertising charity bike ride.	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:
<b>Date</b> 03/26/2011	<b>Payee name</b> Walmart			
<b>Amount (\$)</b> \$54.08	<b>Payee address</b> City; State; Zip Code 8801 ohio dr plano, TX 75093			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Sign Making event refreshements/sodas/water	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 21/21 Report: 38/40		<b>2 FILER NAME</b> Maso, Maher M. (Mr.)		<b>3 ACCOUNT # (TEC filers)</b> ----
<b>4 Date</b> 03/26/2011	<b>5 Payee name</b> Walmart			
<b>6 Amount (\$)</b> \$84.48	<b>7 Payee address</b> City; State; Zip Code 8801 ohio dr plano, TX 75093			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category (See Categories listed at the top of this schedule)</b> Event Expense		<b>(b) Description (If travel outside of Texas, complete Schedule T)</b> <input type="checkbox"/> Sign Making event supplies, staples and decorations.	
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name		Office sought:	Office held:

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/2 Report: 39/40		2 FILER NAME Maso, Maher M. (Mr.)		3 ACCOUNT # (TEC filers) 00000001
4 Date 03/06/2011	5 Payee name Cantina Laredo			
6 Amount (\$) \$370.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code 1125 Legacy Dr. Frisco, TX 75034			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer meeting, food and refreshments.	
Date 01/11/2011	Payee name Constant Contact			
Amount (\$) \$81.19 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 1601 Trapelo Road Suite #329 Waltham, MA 02451			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> E-mail Marketing Service	
Date 02/11/2011	Payee name Constant Contact			
Amount (\$) \$81.19 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 1601 Trapelo Road Suite #329 Waltham, MA 02451			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> E-mail marketing monthly fee	
Date 03/11/2011	Payee name Constant Contact			
Amount (\$) \$81.19 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 1601 Trapelo Road Suite #329 Waltham, MA 02451			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> E-mail Marketing Montly Fee	

# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

## **SCHEDULE G**

### **EXPENDITURE CATEGORIES**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

<b>1 PAGE #</b> Schedule: 2/2 Report: 40/40		<b>2 FILER NAME</b> Maso, Maher M. (Mr.)		<b>3 ACCOUNT #</b> (TEC filers)
<b>4 Date</b> 03/03/2011	<b>5 Payee name</b> Frisco Cares Clinic			
<b>6 Amount (\$)</b> \$300.00 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7 Payee address</b> City; State; Zip Code 7548 Preston Road #141-103 frisco, TX 75035			
<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Advertising Expense		<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> golf tournament sponsorship/advertising	
<b>Date</b> 02/19/2011	<b>Payee name</b> Le Peep			
<b>Amount (\$)</b> \$43.49 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address</b> City; State; Zip Code 7151 Preston Road Frisco, TX 75034			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food/Beverage for campaign team meeting	
<b>Date</b> 01/31/2011	<b>Payee name</b> Mattito's Cocina			
<b>Amount (\$)</b> \$100.61 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address</b> City; State; Zip Code 6129 Main St. Frisco, TX 75034			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Food/Beverage Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign Team Meeting food/beverages	
<b>Date</b> 02/21/2011	<b>Payee name</b> Party America			
<b>Amount (\$)</b> \$123.03 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address</b> City; State; Zip Code 3333 Preston Rd. Suite 1200 Frisco, TX 75034			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Event Expense		<b>Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Decorations for campaign events & volunteer meetings	